Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 1 of 61
United States Bankruptcy Court
Eastern District of Virginia

In re	Warren Anthony Neal, Jr.		Case No.	
		Debtor(s)	Chapter	7

	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accept \$ 1,550.00
	Prior to the filing of this statement I have received \$ 1,550.00
	Balance Due
2.	The source of the compensation paid to me was:
	■ Debtor □ Other (specify)
3.	The source of compensation to be paid to me is:
	■ Debtor □ Other (specify)
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  d. Other provisions as needed:  Communication with creditors; up to two reaffirmation agreements; the preparation and filing of a homestead deed; and the filing of all mandatory credit counseling certificates.
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following services:  Adversary proceedings; appeals; conversion to another chapter; post-petition amendments; defense of non-debtor motions; more than two reaffirmation agreements; motions to redeem; additional copies of the bankruptcy petition or related documents; rescheduling the meeting of creditors or requesting a telephonic hearing; and any other motions or court appearances not expressly included in paragraph 5.

# Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 2 of 61 CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in

November 8, 2019	/s/ Genene E. Gardner
Date	Genene E. Gardner 72258
	Signature of Attorney
	The Merna Law Group, PC
	Name of Law Firm
	621 N. Lynnhaven Road
	Virginia Beach, VA 23452
	757-340-4895 Fax: 757-340-4894
For use in Chan	ter 13 Cases where Fees Requested Not in Excess of \$5,296
Tor use in onap	(For all Cases Filed on or after 01/01/2019)
NOTICE TO DEBTOR	R(S), STANDING CHAPTER 13 TRUSTEE AND UNITED
	STATES TRUSTEE
PURSUANT T	O LOCAL BANKRUPTCY RULE 2016-1(C) AND
	CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SER	RVICE
The undersigned hereby certifies that on this date the foregoing Notice and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's email).  Date  S.	

this bankruptcy proceeding.

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 3 of 61

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF VIRGINIA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Writ	e the name that is on	Warren	
	your government-issued		First name	First name
	exa	ure identification (for mple, your driver's	Anthony	
	licer	nse or passport).	Middle name	Middle name
	Brin	g your picture	Neal, Jr.	
	mee	tification to your eting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ude your married or den names.		
3.	Onl	y the last 4 digits of r Social Security		
	nun Indi	nber or federal vidual Taxpayer ntification number	xxx-xx-9031	

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 4 of 61

Case number (if known)

Debtor 1 Warren Anthony Neal, Jr.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs **EINs** If Debtor 2 lives at a different address: Where you live 315 S. Chesire Court Virginia Beach, VA 23454 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Virginia Beach Cit County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Page 5 of 61 Document

Debtor 1 Warren Anthony Neal, Jr.

Case number (if known)

Par	t 2: Tell the Court About	our Ba	ankruptcy Ca	ise			
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7					
	choosing to file under						
		☐ Ch	hapter 11				
		☐ Ch	hapter 12				
			hapter 13				
8.	How you will pay the fee	_	about how yo	ou may pay. Typic attorney is subm	cally, if you are paying the fee yo	k with the clerk's office in your local court urself, you may pay with cash, cashier's alf, your attorney may pay with a credit ca	check, or money
						on, sign and attach the Application for Inc	lividuals to Pay
			J		(Official Form 103A).	n only if you are filing for Chapter 7. By la	w a judae may
			but is not requapplies to you	uired to, waive your family size and	our fee, and may do so only if yo you are unable to pay the fee in	or income is less than 150% of the official installments). If you choose this option, ial Form 103B) and file it with your petition.	al poverty line that you must fill out
9.	Have you filed for bankruptcy within the last 8 years?	■ No					
	last o years.		District		When	Case number	
			District				
			District		When	Case number	
			2.661				
10.	Are any bankruptcy cases pending or being	■ No	1				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	S.				
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District	-	When	Case number, if known	
11.	Do you rent your	□ No	Go to li	ine 12.			
	residence?	■ Ye	s. Has yo	our landlord obtain	ned an eviction judgment agains	t you?	
				No. Go to line 12	2.		
			_	Yes. Fill out <i>Initi</i> bankruptcy petit		Judgment Against You (Form 101A) and	file it with this

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 6 of 61

Case number (if known) Debtor 1 Warren Anthony Neal, Jr.

art	Report About Any Bu	sinesses	You Own	as a Sole Proprietor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name	and location of busine	ess		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.	Name of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State &	& ZIP Code		
	it to this petition.		Check	Check the appropriate box to describe your business:			
				Health Care Busines	s (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real Es	state (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as defin	ned in 11 U.S.C. § 101(53A))		
				Commodity Broker (a	as defined in 11 U.S.C. § 101(6))		
				None of the above			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	deadlines operation	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set app deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the pr in 11 U.S.C. 1116(1)(B).				
	For a definition of small	■ No.	I am n	ot filing under Chapter	11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am fi	ing under Chapter 11	and I am a small business debtor according to the definition in the Bankruptcy Code.		
Part	4: Report if You Own or	Have Any	Hazardo	us Property or Any P	Property That Needs Immediate Attention		
	Do you own or have any		11020100	20 1 10polity 0. 7y 1	Topolly That Neede Immodule Allondon		
14.	property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is t	ne hazard?			
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			ate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	umber, Street, City, State & Zip Code		

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 7 of 61

Debtor 1 Warren Anthony Neal, Jr.

Case number (if known)

Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 8 of 61 Case number (if known) Debtor 1 Warren Anthony Neal, Jr. Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **2**5,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Varren Anthony Neal, Jr.  Warren Anthony Neal, Jr.  Signature of Debtor 1	Signature of Debtor 2	_
Executed on November 8, 2019	Executed on	
MM / DD / YYYY	MM / DD / YYYY	

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 9 of 61

Debtor 1 Warren Anthony Neal, Jr.

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Genene E. Gardner Signature of Attorney for De	btor	Date	November 8, 2019 MM / DD / YYYY					
Genene E. Gardner 722 Printed name	258							
The Merna Law Group,	The Merna Law Group, PC							
621 N. Lynnhaven Road Virginia Beach, VA 234								
Number, Street, City, State & ZIP Co								
757-340-489 72258 VA	<u>)5                                    </u>	mail address	ggardner@mernalaw.com					
Bar number & State			<del></del>					

		Document	Page 10 of 61		
Fill	in this information to identify your case	:			
Deb	otor 1 Warren Anthony Neal	•			
Deb	First Name	Middle Name	Last Name		
	use if, filing) First Name	Middle Name	Last Name		
Unit	ted States Bankruptcy Court for the: EA	STERN DISTRICT OF VIRO	GINIA		
Cas (if kn	se number own)			_	k if this is an ded filing
	ficial Form 106Sum	I I iabilitiaa and C	outoin Statiatical Information		
Be a	is complete and accurate as possible. If rmation. Fill out all of your schedules fir r original forms, you must fill out a new	two married people are filest; then complete the info	ertain Statistical Information ing together, both are equally responsible rmation on this form. If you are filing amen ox at the top of this page.	for supplyi	
I al	Summanze Tour Assets			Your a	essets of what you own
1.	Schedule A/B: Property (Official Form 1 1a. Copy line 55, Total real estate, from 5	06A/B) Schedule A/B		\$	0.00
	1b. Copy line 62, Total personal property	, from Schedule A/B		\$	37,354.00
	1c. Copy line 63, Total of all property on S	Schedule A/B		\$	37,354.00
Par	t 2: Summarize Your Liabilities				
					i <b>abilities</b> at you owe
2.	Schedule D: Creditors Who Have Claims 2a. Copy the total you listed in Column A		al Form 106D) tom of the last page of Part 1 of <i>Schedule D</i>	\$	48,105.00
3.	Schedule E/F: Creditors Who Have Unse 3a. Copy the total claims from Part 1 (pri		106E/F) I line 6e of <i>Schedule E/F</i>	\$	1,000.00
	3b. Copy the total claims from Part 2 (no	inpriority unsecured claims)	from line 6j of Schedule E/F	\$	27,062.00
			Your total liabilitie	s \$	76,167.00
Par	t 3: Summarize Your Income and Exp	enses			
4.	Schedule I: Your Income (Official Form 1 Copy your combined monthly income from			\$	5,593.00
5.	Schedule J: Your Expenses (Official Forr Copy your monthly expenses from line 22	,		\$	5,588.00
Par	4: Answer These Questions for Adm	ninistrative and Statistical	Records		
6.	Are you filing for bankruptcy under Ch  No. You have nothing to report on the	•	is box and submit this form to the court with y	our other sc	hedules.
7.	■ Yes What kind of debt do you have?				

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

### Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Case 19-74179-SCS Document

Page 11 of 61 Case number (if known) Debtor 1 Warren Anthony Neal, Jr.

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

6,506.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	1,000.00

ourt for the: EA  CA/B  E Propel  St and describe ite  ete and accurate a:	Middle Name Last Name  Middle Name Last Name  STERN DISTRICT OF VIRGINIA		☐ Check if this is an amended filing
ourt for the: EA  6A/B  Proper  St and describe ite ete and accurate a:	Middle Name  Last Name  Middle Name  Last Name  STERN DISTRICT OF VIRGINIA   Tty  ms. List an asset only once. If an asset fits in more than		amended filing
ourt for the: EA	Middle Name  STERN DISTRICT OF VIRGINIA  Tty  ms. List an asset only once. If an asset fits in more than		amended filing
6A/B E Proper st and describe ite ete and accurate a:	STERN DISTRICT OF VIRGINIA  Tty  ms. List an asset only once. If an asset fits in more than		amended filing
6A/B Proper st and describe ite ete and accurate a:	" <b>'ty</b> ms. List an asset only once. If an asset fits in more than		amended filing
6A/B  Proper St and describe ite ete and accurate as	"ty ms. List an asset only once. If an asset fits in more than		amended filing
6A/B  Proper St and describe ite ete and accurate as	"ty ms. List an asset only once. If an asset fits in more than		amended filing
: Proper	ms. List an asset only once. If an asset fits in more than		40/45
: Proper	ms. List an asset only once. If an asset fits in more than		40/45
: Proper	ms. List an asset only once. If an asset fits in more than		40/45
st and describe ite	ms. List an asset only once. If an asset fits in more than		12/15
	nossible If two married poople are filing together, both	one category, list the asset in	
•	parate sheet to this form. On the top of any additional pa		
	p	.goo, your a a	7
ence, Building, La	nd, or Other Real Estate You Own or Have an Interest In		
al or equitable into	erest in any residence, building, land, or similar property	?	
•	, , , ,		
y?			
es			
ors, sport utility	vehicles, motorcycles		
	Who has an interest in the property? Check one		
	- <u>-</u>		
	Debtor 2 only	Current value of the	Current value of the
56,000		entire property?	portion you own?
	At least one of the debtors and another		
	☐ Check if this is community property	\$25,675.00	\$25,675.00
	(see instructions)		
rt cl ve l	rty?  cles  re legal or equitable lease a vehicle, alletors, sport utility  56,000	who has an interest in the property? Check one  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	The legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles are vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.  Stors, sport utility vehicles, motorcycles  Who has an interest in the property? Check one Do not deduct secured clather amount of any secure Creditors Who Have Clain Current value of the entire property? At least one of the debtors and another Check if this is community property (see instructions)  Stor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

De		L79-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 1 Document Page 13 of 61 Case number	
	Household goods and f		
		Household goods, furnishings and other items located at debtor's residence. Value listed is based on debtor's estimate of replacement value of the property.	
		1 Sofa \$500, 2 Bed \$1500, 1 Vacuum \$60, 1 Other App. \$600, 2 Rugs \$150, Dishes \$50, Pots and Pans \$120, 7 Pictures \$100.	\$3,080.00
		nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners phones, cameras, media players, games	s; music collections; electronic devices
		Electronic items located at debtor's residence. Value listed is based on debtor's estimate of replacement value of the property.	
		1 Laptop \$600, 1 TV \$200,	\$800.00
9.	other collection  No  Yes. Describe  Equipment for sports as	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; states, memorabilia, collectibles  Ind hobbies  Graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis.	
	musical instru ■ No □ Yes. Describe		,,
	Firearms  Examples: Pistols, rifles  No  Yes. Describe	s, shotguns, ammunition, and related equipment	
		1 Sig Sauer 1911	\$700.00
	Clothes  Examples: Everyday clo □ No ■ Yes. Describe	othes, furs, leather coats, designer wear, shoes, accessories	
		Wearing apparel located at debtor's residence. Value listed is based on debtor's estimate of replacement value of the property.	\$600.00
	Jewelry  Examples: Everyday jev  No  ☐ Yes. Describe	welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches	s, gems, gold, silver
13.	Non-farm animals  Examples: Dogs, cats, l  No	birds, horses	

Case 19-74179-S	CS Doc 1	Filed 11/08/19 Entered 11/08/19 15:19:19	Desc Main
Debtor 1 Warren Anthony No	eal, Jr.	Document Page 14 of 61 Case number (if known)	
☐ Yes. Describe			
<ul><li>14. Any other personal and house</li><li>■ No</li><li>□ Yes. Give specific information</li></ul>	-	d not already list, including any health aids you did not list	
		Part 3, including any entries for pages you have attached	\$5,180.00
Part 4: Describe Your Financial Asse	ets		
Do you own or have any legal or o	equitable interest	in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. <b>Cash</b> Examples: Money you have in y  □ No  ■ Yes		home, in a safe deposit box, and on hand when you file your petition	
		Cash on hand	\$1.00
		ecounts; certificates of deposit; shares in credit unions, brokerage ho nts with the same institution, list each.  Institution name:	uses, and other similar
17.1.	Checking	Account *2598 with Navy Federal Credit Union	\$1.00
17.2.	Checking	Account *3114 with Navy Federal Credit Union	\$1.00
17.3.	Savings	Account *9211 with Navy Federal Credit Union	\$1.00
17.4.	Checking	Account *9969-S0002 with Langley Federal Credit Union	\$896.00
17.5.	Savings	Account *9969-S0001 with Langley Federal Credit Union	\$29.00
17.6.	Checking	Account with ABNB	\$10.00
17.7.	Savings	Account with ABNB	\$5.00
17.8.	Other financia	Paypal Account	\$1.00
18. Bonds, mutual funds, or publi  Examples: Bond funds, investm  No  Yes		prokerage firms, money market accounts	

Official Form 106A/B

	(	Case 19-74179-	SCS Doc 1			ered 11/08/19 15	:19:19	Jesc Main
De	btor 1	Warren Anthony	Neal, Jr.	Document	Page 1	Case number (if	known)	
	joint	oublicly traded stock a venture	nd interests in inc	orporated and un	incorporated b	usinesses, including an	interest in an	LLC, partnership, and
	■ No □ Yes	. Give specific informat	ion about them Name of entity:			% of ownership	<b>)</b> :	
	Nego Non-i ■ No	rnment and corporate tiable instruments inclu- negotiable instruments a . Give specific informati	de personal checks, are those you canno on about them	cashiers' checks,	promissory note	es, and money orders.		
	<i>Exam</i> ■ No	ement or pension acco apples: Interests in IRA, E	ERISA, Keogh, 401(l	k), 403(b), thrift sav	vings accounts,	or other pension or profit-s	sharing plans	
	⊔ Yes	List each account sepa Ty	arately. pe of account:	Institutio	on name:			
	Your		osits you have mad			e or use from a company ater), telecommunications	companies, or	others
	_			Institution	on name or indi	vidual:		
	No	ities (A contract for a pe	eriodic payment of mame and description		r for life or for a	number of years)		
	26 U.S ■ No	i.C. §§ 530(b)(1), 529A(	b), and 529(b)(1).			nder a qualified state tuit f any interests.11 U.S.C. §		
	Trust: □ No	s, equitable or future i	nterests in propert	y (other than any	thing listed in l	ine 1), and rights or pow	ers exercisat	ole for your benefit
	Yes	. Give specific informat	ion about them					
			Contingent in	heritance				\$1.00
	<i>Exam</i> ■ No	ts, copyrights, tradem aples: Internet domain n . Give specific informat	ames, websites, pro					
	<i>Exam</i> ■ No	ses, franchises, and on apples: Building permits, of the Give specific information and the second sec	exclusive licenses, o		ation holdings, I	iquor licenses, professiona	al licenses	
Мс	ney o	property owed to you	1?				[	Current value of the cortion you own? On not deduct secured claims or exemptions.
	Tax re □ No	efunds owed to you						
		. Give specific informati	on about them, inclu	uding whether you	already filed the	returns and the tax years.		

Anticipated refund from debtor's 2019 income tax return, estimated pro rata.

**Federal** 

\$5,550.00

Debtor 1	Warren Anthony Neal, Jr.	Document	Page 16 of 61 Case number (if known)	

Anticipated refund from debtor's 2019

	income tax return, estimated pro rata.		
	Debtor is not required to file state tax returns.	State	\$1.00
29. Family support  Examples: Past due or lump sum alimony  No  ☐ Yes. Give specific information	y, spousal support, child support, maintenance, divorc	e settlement, proper	ty settlement
benefits; unpaid loans you ma	rance payments, disability benefits, sick pay, vacation ade to someone else	pay, workers' comp	ensation, Social Security
☐ Yes. Give specific information			
31. Interests in insurance policies	ance; health savings account (HSA); credit, homeowne	er's, or renter's insur	ance
■ Yes. Name the insurance company of e Company na		<i>y</i> :	Surrender or refund value:
SGLI	Daughte	r	\$1.00
someone has died.  ■ No □ Yes. Give specific information  33. Claims against third parties, whether of Examples: Accidents, employment disputed No □ Yes. Describe each claim	expect proceeds from a life insurance policy, or are control or not you have filed a lawsuit or made a demand for tes, insurance claims, or rights to sue	or payment	
34. Other contingent and unliquidated clai ☐ No	ms of every nature, including counterclaims of the	e debtor and rights	to set off claims
■ Yes. Describe each claim			
<u>F</u>	uture wages		\$1.00
	ries from Part 4, including any entries for pages yo		\$6,499.00

37. Do you own or have any legal or equitable interest in any business-related property?

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

No. Go to Part 6.

☐ Yes. Go to line 38.

page 5 Official Form 106A/B Schedule A/B: Property

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Page 17 of 61

Case number (if known) Document Debtor 1 Warren Anthony Neal, Jr. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 ...... \$0.00 Part 2: Total vehicles, line 5 \$25,675.00 Part 3: Total personal and household items, line 15 57. \$5,180.00 Part 4: Total financial assets, line 36 58. \$6,499.00

\$0.00

\$0.00

\$0.00

Copy personal property total

\$37,354.00

62. Total personal property. Add lines 56 through 61...63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

61.

\$37,354.00

\$37,354.00

Official Form 106A/B Schedule A/B: Property page 6

			Document		2ade 18 of 61	<u> </u>	
Fil	l in this informa	ation to identify your ca	se:				
De	btor 1	Warren Anthony No	eal, Jr.				
_		First Name	Middle Name	L	ast Name		
	btor 2 ouse if, filing)	First Name	Middle Name	L	ast Name		
l In	itad States Ranl	kruptcy Court for the:	EASTERN DISTRICT OF VI	RGIN	ΙΔ		
011	nica Giaics Bani	ruptcy Court for the.	ENGTERIT DIGITAL OF VI	110111	<u> </u>		
	se number					☐ Check if this is an	
(	nown,					amended filing	
<u>)</u> 1	fficial For	<u>m 106C</u>					
S	chedule	C: The Pro	perty You Cla	ıim	as Exempt	4/19	
	oo oomalata and	d accurate as possible. If	two married needle are filing	togo	than both are equally reasonable fo	ar cumplying correct information. Uning	
					our source, list the property that you	or supplying correct information. Using claim as exempt. If more space is	
	ded, fill out and e number (if kno		any copies of Part 2: Addition	nal Pa	age as necessary. On the top of any	additional pages, write your name and	
		,	compt. you must specify th	0 0m/	ount of the exemption you claim	One way of doing so is to state a	
						One way of doing so is to state a ing exempted up to the amount of	
					th aids, rights to receive certain b nption of 100% of fair market valu	penefits, and tax-exempt retirement	
хe	mption to a pa	rticular dollar amount a				t, your exemption would be limited	
o t	he applicable s	statutory amount.					
Pa	rt 1: Identify	the Property You Clain	n as Exempt				
1.	Which set of e	exemptions are you clai	ming? Check one only, eve	n if yo	our spouse is filing with you.		
	☐ You are clai	ming state and federal no	onbankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	You are clai	ming federal exemptions	. 11 U.S.C. § 522(b)(2)				
2.				mnt	fill in the information below.		
		n of the property and line	-	•	ount of the exemption you claim	Specific laws that allow exemption	
		nat lists this property	portion you own	AIII	ount of the exemption you claim		
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	2016 BMW 5	35d 56,000 miles	\$25,675.00	_	\$1.00	11 U.S.C. § 522(d)(2)	
	Line from Sche	edule A/B: <b>3.1</b>		_	<u> </u>		
				ш	100% of fair market value, up to any applicable statutory limit		
		goods, furnishings aı located at debtor's	nd \$3,080.00		\$3,080.00	11 U.S.C. § 522(d)(3)	
	residence.	located at deptor 5			100% of fair market value, up to		
		is based on debtor's			any applicable statutory limit		
	estimate of i	replacement value of	the				
	,						
		2 Bed \$1500, 1 Vacu App. \$600, 2 Rugs \$					
	Dishes \$50,		130,				
	Line from Sche	edule A/B: <b>6.1</b>					
	Electronic it	ems located at debto	r's #200.00	_	<b>\$000.00</b>	11 U.S.C. § 522(d)(5)	
	residence.		\$600.00	_	\$800.00	3(-/(-/	
		is based on debtor's			100% of fair market value, up to any applicable statutory limit		
	property.	replacement value of	uie		any applicable Statutory IIITIII		
	1 Laptop \$60	00, 1 TV \$200,					

Official Form 106C

Line from Schedule A/B: 7.1

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 19 of 61

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
	Schedule A/B	CHE	еск опу оне вох тог еасп ехетрион.	
1 Sig Sauer 1911	\$700.00		\$700.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 10.1			100% of fair market value, up to any applicable statutory limit	
Wearing apparel located at debtor's residence. Value listed is based on	\$600.00		\$600.00	11 U.S.C. § 522(d)(3)
debtor's estimate of replacement value of the property. Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
Cash on hand Line from Schedule A/B: 16.1	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
Checking: Account *2598 with Navy Federal Credit Union	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
Checking: Account *3114 with Navy Federal Credit Union	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
Savings: Account *9211 with Navy Federal Credit Union	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	
Checking: Account *9969-S0002 with Langley Federal Credit Union	\$896.00		\$896.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.4			100% of fair market value, up to any applicable statutory limit	
Savings: Account *9969-S0001 with Langley Federal Credit Union	\$29.00		\$29.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.5			100% of fair market value, up to any applicable statutory limit	
Checking: Account with ABNB Line from Schedule A/B: 17.6	\$10.00		\$10.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Savings: Account with ABNB Line from Schedule A/B: 17.7	\$5.00		\$5.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
Other financial account: Paypal Account	\$1.00	•	\$1.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.8			100% of fair market value, up to any applicable statutory limit	

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 20 of 61

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption	
	Contingent inheritance Line from Schedule A/B: 25.1	\$1.00	<b>■</b>	\$1.00  100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)	
	Federal: Anticipated refund from debtor's 2019 income tax return,	\$5,550.00		\$5,550.00	11 U.S.C. § 522(d)(5)	
	estimated pro rata. Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit		
	State: Anticipated refund from debtor's 2019 income tax return,	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)	
	estimated pro rata.			100% of fair market value, up to any applicable statutory limit		
	Debtor is not required to file state tax returns. Line from Schedule A/B: 28.2					
	SGLI Beneficiary: Daughter	\$1.00		\$1.00	11 U.S.C. § 522(d)(7)	
	Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit		
	Future wages Line from Schedule A/B: 34.1	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)	
	Zine nam esticate 702. Cit			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every :  ■ No  □ Yes. Did you acquire the property covered to No	3 years after that for ca	ises fi	·		
	☐ INO					

☐ Yes

Odoc .	10 14110 000	Document Document	Page 21	of 61	10.10.10	o man
Fill in this informa	ation to identify you					
Debtor 1	Warren Anthony	v Neal .lr				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Banl	kruptcy Court for the:	EASTERN DISTRICT OF	VIRGINIA			
Case number						
(if known)					_	t if this is an ded filing
Official Forms	40CD					
Official Form						
Schedule L	D: Creditors	Who Have Claim	is Secured	by Property	<u>y                                    </u>	12/15
		If two married people are filing to out, number the entries, and attac				
, ,	ave claims secured by	y your property?				
☐ No. Check t	his box and submit the	his form to the court with your o	other schedules. Yo	ou have nothing else to	o report on this form.	
Yes. Fill in a	all of the information	below.				
Part 1: List All	Secured Claims					
2. List all secured cl	aims. If a creditor has r	more than one secured claim, list the a particular claim, list the other cre		Column A  Amount of claim	Column B  Value of collateral	Column C Unsecured
		cal order according to the creditor's		Do not deduct the value of collateral.	that supports this claim	<b>portion</b> If any
2.1 Navy Feder	ral Credit	Describe the property that secu	ures the claim:	\$48,105.00	\$25,675.00	\$22,430.00
Creditor's Name		2016 BMW 535d 56,000 r				
C/O Cutlor	Dawson CEO					
PO Box 33	Dawson, CEO	As of the date you file, the clain	n is: Check all that			
Merrifield,		apply.  Contingent				
	City, State & Zip Code	☐ Unliquidated				
	,, э э. —,г ээээ	☐ Disputed				
Who owes the deb	t? Check one.	Nature of lien. Check all that ap	pply.			
Debtor 1 only		☐ An agreement you made (sucl		cured		
Debtor 2 only		car loan)				
☐ Debtor 1 and Deb	tor 2 only	☐ Statutory lien (such as tax lien	ı, mechanic's lien)			
	e debtors and another	☐ Judgment lien from a lawsuit	,,			
☐ Check if this clai community deb	m relates to a	Other (including a right to offset	et) Automobile	e Loan		
Date debt was incur	red 07/2018	Last 4 digits of account	number <u>2934</u>			
Add the dollar value	ue of your entries in C	olumn A on this page. Write that	number here:	\$48,10	5.00	
•	• •	the dollar value totals from all pa	iges.	\$48,10		
Write that number						
		r a Debt That You Already Lis				
trying to collect fror than one creditor fo	n you for a debt you o	e notified about your bankruptcy we to someone else, list the cred you listed in Part 1, list the addit is page.	litor in Part 1, and th	hen list the collection ag	gency here. Similarly, if	you have more
Name. Number	er, Street, City, State & 2	Zip Code	On whi	ch line in Part 1 did you er	oter the creditor? 21	
Navy Fede	eral Credit Union		On which	on the art i did you er	nor the orealtor!	
PO Box 37	700		Last 4 d	digits of account number		

Official Form 106D

Merrifield, VA 22119

			Doci	ıment Page	<u> 22 of</u>	61	•	
Fill in t	this inform	ation to identify your c	ase:					
Debtor	1	Warren Anthony N	leal. Jr.					
		First Name	Middle Name	Last Nan	ne			
Debtor		First Name	Middle Nove	Loot Non				
(Spouse i	ir, filing)	First Name	Middle Name	Last Nan	16			
United	States Ban	kruptcy Court for the:	EASTERN DISTR	ICT OF VIRGINIA				
Case n	umher							
(if known)							☐ Check	if this is an
							amend	led filing
⊃ffici-	al Earm	106E/F						
		/F: Creditors W	ha Haya Ha	soured Claim				12/15
		accurate as possible. Use				for craditors with NON	IDDIODITY claims Li	
		acts or unexpired leases t						
Schedul	e G: Execute	ory Contracts and Unexpi	red Leases (Official F	orm 106G). Do not incl	lude any cre	editors with partially	secured claims that a	are listed in
		rs Who Have Claims Secu inuation Page to this page						
		ber (if known).	s. II you have no inio	imation to report in a P	art, uo not	me mat Part. On me t	op or any additional	pages, write your
Part 1:	List All	of Your PRIORITY Uns	secured Claims					
1. Do	any creditor	s have priority unsecured	claims against you?	•				
	No. Go to Pa	ırt 2.						
•	Yes.							
		priority unsecured claims						
		e of claim it is. If a claim has						
		claims in alphabetical order nan one creditor holds a par			nore than tv	wo priority unsecured cl	aims, fill out the Conti	nuation Page of
		ion of each type of claim, se			n hooklet )			
(1 01	т ап схріана	ion of each type of claim, so	se the mandedona for		1 bookiet.)	Total claim	Priority	Nonpriority
2.1	IPS Cont	tralized Insolvency *	l act / di	gits of account number		\$1,000.00	amount \$1,000.00	amount <b>\$0.00</b>
		ditor's Name		gits of account number		Ψ1,000.00	Ψ1,000.00	- Ψ0.00
	PO Box		When wa	as the debt incurred?	2017		=	
		phia, PA 19101 eet City State Zip Code	As of the	date you file, the clain	n is: Chack	all that apply		
w		the debt? Check one.	☐ Conti	-	i is. Check	ан шасарру		
	Debtor 1 or	alv	☐ Unliqu	_				
	Debtor 2 or	•	<u> </u>					
_	-	•	☐ Dispu	tea PRIORITY unsecured cl	laim·			
_		nd Debtor 2 only	Пъ	estic support obligations	uiii.			
_	-	e of the debtors and another						
		is claim is for a communi		s and certain other debts s for death or personal ir				
_	tne ciaim st No	ubject to offset?	_	•	ijury wrille y	ou were intoxicated		
	l Yes		☐ Other	Specify Federal In	come Ta	.voc		
	res			- Feuerai III		1762		
Part 2:	List All	of Your NONPRIORITY	/ Unsecured Clain	ns				
3. Do	any creditor	s have nonpriority unsec	ured claims against y	ou?				
	No. You have	e nothing to report in this pa	rt. Submit this form to	the court with your other	schedules.			
<b>.</b>	Yes.							
		nonpriority unsecured cla	ims in the alphabetic	al order of the creditor	who holds	each claim. If a crodit	or has more than one	nonpriority
uns	ecured claim	, list the creditor separately	for each claim. For ea	ch claim listed, identify w	what type of	claim it is. Do not list cl	aims already included	in Part 1. If more

Total claim

Part 2.

	Case 19-74179-5C5 Doc.		Civiairi
Debto	Warren Anthony Neal, Jr.	Document Page 23 of 61 Case number (if known)	
4.1	Army/Air Force Exchange	Last 4 digits of account number 0025	\$3,363.00
	Nonpriority Creditor's Name PO Box 650410	When was the debt incurred? 03/2016	
	Dallas, TX 75265  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Consumer Debt	
1.2	DSNB/Macys	Last 4 digits of account number 6181	\$635.00
	Nonpriority Creditor's Name		·
	PO Box 8218 Mason. OH 45040	When was the debt incurred? 07/2017	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	•	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Consumer Debt	
1.3	Kohls Department Store	Last 4 digits of account number 1288	\$599.00
	Nonpriority Creditor's Name	<del></del>	Ψοσοίσο
	P.O. Box 3115	When was the debt incurred? 12/2018	
	Milwaukee, WI 53201 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The Country of the statement of the control and that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	

lacksquare Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans  $\hfill\square$  Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Consumer Debt ☐ Yes

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 24 of 61

Debtor 1 Warren Anthony Neal, Jr. Case number (if known) 4.4 \$500.00 Michael Steiner Last 4 digits of account number Nonpriority Creditor's Name 402 W Broadway When was the debt incurred? 2019 Ste 2500 San Diego, CA 92101 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Attorney's Fees** ☐ Yes Other. Specify 4.5 **Navy Federal Credit Union** \$11,848.00 Last 4 digits of account number 2934 Nonpriority Creditor's Name P.O. Box 3700 When was the debt incurred? 07/2018 Merrifield, VA 22119-3100 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Consumer Debt ☐ Yes 4.6 **Navy Federal Credit Union** 3062 \$6,302.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 3700 When was the debt incurred? 09/2018 Merrifield, VA 22119-3100 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Consumer Debt ☐ Yes

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 25 of 61

Debtor 1 Warren Anthony Neal, Jr. ase number (if known) 4.7 \$1,061.00 **Navy Federal Credit Union** Last 4 digits of account number 3910 Nonpriority Creditor's Name P.O. Box 3700 When was the debt incurred? 07/2019 Merrifield, VA 22119-3100 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Consumer Debt ☐ Yes 4.8 **Navy Federal Credit Union** Last 4 digits of account number 6089 \$2,754.00 Nonpriority Creditor's Name P.O. Box 3700 When was the debt incurred? 11/2013 Merrifield, VA 22119-3100 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts  $\prod_{V \in S}$ **Consumer Debt** Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Attorney General** Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Tax Division, USDOJ ☐ Part 2: Creditors with Nonpriority Unsecured Claims **PO Box 227** Washington, DC 20044 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Attorney General Office \*\* Line 2.1 of (Check one): ■ Part 1: Creditors with Priority Unsecured Claims U.S. Department of Justice □ Part 2: Creditors with Nonpriority Unsecured Claims 950 Pennsylvania Ave. N.W Washington, DC 20503 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Internal Revenue Service Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims 400 North Eighth Street Box 76 ☐ Part 2: Creditors with Nonpriority Unsecured Claims **M/S Room 898** Richmond, VA 23219 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? U.S. Attorney Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims

Official Form 106 F/F

World Trade Center, Ste 8000

Doc 1 Case 19-74179-SCS Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Page 26 of 61 Case number (if known) Document

Debtor 1 Warren Anthony Neal, Jr.

101 West Main Street Norfolk, VA 23510

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Tatal Olaim

Last 4 digits of account number

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	1,000.00
60	• •	60	· —	0.00
			Ψ	
6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,000.00
			-	Total Claim
6f.	Student loans	6f.	\$	0.00
6a	Obligations arising out of a senaration agreement or divorce that			
og.		6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	27,062.00
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	27,062.00
	6b. 6c. 6d. 6e. 6f. 6g. 6h. 6i.	<ul> <li>6b. Taxes and certain other debts you owe the government</li> <li>6c. Claims for death or personal injury while you were intoxicated</li> <li>6d. Other. Add all other priority unsecured claims. Write that amount here.</li> <li>6e. Total Priority. Add lines 6a through 6d.</li> <li>6f. Student loans</li> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other similar debts</li> <li>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</li> </ul>	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Other. Add all other priority unsecured claims. Write that amount here. 6d.  6e. Total Priority. Add lines 6a through 6d. 6e.  6f. Student loans 6f.  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i.	6a. Domestic support obligations  6a. \$  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6c. \$  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$  6e. Total Priority. Add lines 6a through 6d.  6f. Student loans  6f. \$  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  6h. Debts to pension or profit-sharing plans, and other similar debts  6i. Other. Add all other nonpriority unsecured claims. Write that amount here.  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$

Fill in this infor				
Debtor 1	Warren Anthony	Neal, Jr.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number				
(if known)				Check if this
				amended filir

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Maple Bay Townhomes
401 N. French Court
Virginia Beach, VA 23454

State what the contract or lease is for
The debtor has a 20 month lease.

		Document	Page 28 d	of 61	
Fill in this info	ormation to identify you	r case:			
Debtor 1	Warren Anthony	Neal. Jr.			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	Bankruptcy Court for the:	EASTERN DISTRICT OF \			
United States i	Sankrupicy Court for the.	LASTERN DISTRICT OF V	ARGINIA		
Case number (if known)					Charle if this is an
(II KIIOWII)					☐ Check if this is an amended filing
o.//: : =	40011				
	orm 106H				
<u>Schedul</u>	e H: Your Cod	debtors			12/15
ill it out, and ryour name and  1. Do you  No Yes  2. Within the Arizona, Co	the last 8 years, have you alifornia, Idaho, Louisiana to line 3.	e boxes on the left. Attach the all th	e Additional Page to not list either spouse erty state or territor o Rico, Texas, Wash	r <b>y?</b> (Community property states	y Additional Pages, write
<b>■</b> Y	es.				
	In which community sta	te or territory did you live?	-NONE-	. Fill in the name and curre	ent address of that person.
	Name of your spouse, former s Number, Street, City, State & Z	pouse, or legal equivalent ip Code			
in line 2 a Form 106i out Colun	gain as a codebtor only D), Schedule E/F (Officia	if that person is a guarantor	or cosigner. Make	if your spouse is filing with youre you have listed the cred (16G). Use Schedule D, Schedule Column 2: The creditor to	itor on Schedule D (Official
Name	, Number, Street, City, State and	ZIP Code		Check all schedules that a	•
3.1				Schedule D, line	
Name					
				☐ Schedule G, line	
Numb City	per Street	State	ZIP Code	_	
3.2				☐ Schedule D, line	
Name	)			Schedule E/F, line	
				☐ Schedule G, line	
Numb	per Street			_	
City		State	ZIP Code		

Official Form 106H Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 29 of 61

Fill	in this information to identify you	r case:							
Del	btor 1 Warren A	nthony Neal, Jr.			_				
	btor 2				_				
Uni	ited States Bankruptcy Court for	the: EASTERN DISTRICT	OF VIRGINIA						
_	se number nown)		-			☐ A sup	nended filing plement sho	g owing postpet he following d	
0	fficial Form 106l					<u>MM /</u>	DD/ YYYY		
S	chedule I: Your In	come							12/1
spo atta	plying correct information. If you see. If you are separated and you have separated sheet to this formation.  Describe Employment 1:	our spouse is not filing w m. On the top of any addit	ith you, do not includ	e infor	mati	on about you	ir spouse. I	f more space	e is needed,
1.	Fill in your employment information.		Debtor 1			De	otor 2 or no	on-filing spou	use
	If you have more than one job,	Employment status	■ Employed	■ Employed			Employed		
	attach a separate page with information about additional	_mproyment etatae	☐ Not employed				☐ Not employed		
	employers.	Occupation	E7						
	Include part-time, seasonal, or self-employed work.	Employer's name	United States Na	ıvy					
	Occupation may include studer or homemaker, if it applies.	nt Employer's address	1240 East Ninth Cleveland, OH 4						
		How long employed t	there? 17 years	<b>.</b>					
Pai	rt 2: Give Details About N	Monthly Income							
	mate monthly income as of the use unless you are separated.	e date you file this form. If	you have nothing to re	port for	any	line, write \$0	n the space	e. Include you	r non-filing
	ou or your non-filing spouse have e space, attach a separate sheet		ombine the information	for all e	empl	oyers for that	person on tl	he lines belov	v. If you need
						For Debtor		Debtor 2 or n-filing spous	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	6,506	<u>5.00</u> \$_	0.	.00
3.	Estimate and list monthly ov	ertime pay.		3.	+\$	c	.00 +\$	0.	.00

6,506.00

0.00

Calculate gross Income. Add line 2 + line 3.

# Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 30 of 61

Deb	otor 1	Warren Anthony Neal, Jr.		С	ase number (if k	nown)				
					For Debtor 1			Debtor 2 -filing sp		
	Cor	py line 4 here	4.		\$ 6,50	6.00	\$	Tilling Sp	0.00	
_	-									
5.	List	t all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a			5.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b			0.00	\$		0.00	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d		: <del></del>	0.00	\$		0.00	
	5e.	Insurance	5e			7.00	\$—		0.00	
	5f.	Domestic support obligations	5f.		; <del></del>	0.00	\$		0.00	
	5g.	Union dues	5g	J.	. —	0.00	\$		0.00	
	5h.	Other deductions. Specify: AFRH	5h		\$	1.00	+ \$		0.00	
6.	Ado	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	5	\$ 91:	3.00	\$		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	\$ 5,59	3.00	\$		0.00	
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					•			
	٥L	monthly net income.  Interest and dividends	8a		. —	0.00	\$		0.00	
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent	8b	).	\$	0.00	\$		0.00	
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c			0.00	\$		0.00	
	8d.	. ,	8d			0.00	\$		0.00	
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e	·.	\$	0.00	\$		0.00	
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$	0.00	\$		0.00	
	8g.	Pension or retirement income	8g	J		0.00	\$		0.00	
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$	0.00	+ \$		0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		0.00	
10.			10.	\$_	5,593.00	+ \$		0.00	= \$	5,593.00
11.	Stat Incli othe Do i	If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  It is all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  In it include any amounts already included in lines 2-10 or amounts that are not a secify:	depe					Schedule (		0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain liles						12.	\$	5,593.00
13.		you expect an increase or decrease within the year after you file this form?	?						Combir monthly	ed / income
		No.						040	- let-	
		Yes. Explain: The debtor anticipates receiving a raise in his bar 2019.	se p	ay	as early as	repru	ary 20	JI9 or a	s late	as June

Official Form 106l Schedule I: Your Income page 2

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 31 of 61

Fill-i	n this informa	tion to identify yo	our case:							
Debt		Warren Anth		l, Jr.		Checl	c if this is:			
Debt (Spo	tor 2 buse, if filing)					<ul> <li>☐ An amended filing</li> <li>☐ A supplement showing postpetition chapter</li> <li>13 expenses as of the following date:</li> </ul>				
``		untey Court for the	· FASTE	RN DISTRICT OF VIRGI	INIA	_	MM / DD / YYYY			
		upicy Court for the	. LAOIL	THE PROPERTY OF VIRGO		'	ייייי / טט / ווווי			
	e number nown)									
		rm 106J								
		J: Your						12/15		
info	rmation. If m	and accurate as ore space is ne n). Answer ever	eded, atta	. If two married people a ch another sheet to thi n.	are filing together, be s form. On the top of	oth are equa any additio	lly responsible fond in the second in the se	or supplying correct your name and case		
Part		ibe Your House	hold							
1.	Is this a joir No. Go to									
			in a separ	ate household?						
	□N	0								
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expense	es for Separate House	ehold of Debt	or 2.			
2.	Do you have	e dependents?	□ No							
	Do not list Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?		
	Do not state							□ No		
	dependents	names.			Daughter		3	■ Yes □ No		
								☐ Yes		
								□ No		
								Yes		
								□ No		
3.	Do vour exp	enses include	_	No				☐ Yes		
	expenses of	f people other to	han $_{oldsymbol{\sqcap}}$	Yes						
	<u> </u>									
exp	mate your ex		our bankr	uptcy filing date unless				apter 13 case to report f the form and fill in the		
• • •		s naid for with I	non-cash	government assistance	if you know					
the		n assistance an		cluded it on Schedule I:			Your exp	enses		
4.		or home owners and any rent for the		ses for your residence.	Include first mortgage	e 4. \$		1,179.00		
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a. \$		0.00		
	•	rty, homeowner's				4b. \$		20.00		
				upkeep expenses		4c. \$		0.00		
5.		owner's associat nortgage payme		dominium dues <b>our residence,</b> such as h	nome equity loans	4d. \$ 5. \$		0.00		

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 32 of 61

btor 1	Warren Anthony Neal, Jr.	Case num	ber (if known)	
Utilit	ies:			
6a.	Electricity, heat, natural gas	6a.	\$	251.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	283.00
6d.	Other. Specify:	6d.	\$	0.00
Food	I and housekeeping supplies		\$	844.00
	dcare and children's education costs	8.	\$	716.00
	ning, laundry, and dry cleaning	9.	·	349.00
	onal care products and services	10.	· <del></del>	175.00
	cal and dental expenses	11.	·	75.00
	sportation. Include gas, maintenance, bus or train fare.		Ψ	73.00
	ot include car payments.	12.	\$	396.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
	itable contributions and religious donations	14.	· <del></del>	50.00
	rance.	17.	Ψ	30.00
	ot include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	*	240.00
	Other insurance. Specify:	15d.	·	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.	130.	Ψ	0.00
	ify: Anticipated IRS payment	16.	\$	100.00
	illment or lease payments:		Ψ	100.00
	Car payments for Vehicle 1	17a.	¢	0.00
	Car payments for Vehicle 2	17a. 17b.	*	0.00
	Other Specific		·	
	Other. Specify:	17c.		0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as	18.	¢	0.00
	ncted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).  In payments you make to support others who do not live with you.	10.	\$	0.00
	• • • • • • • • • • • • • • • • • • • •	10	Φ	0.00
Spec	•	19.	a Inaama	
	r real property expenses not included in lines 4 or 5 of this form or on Scheol Mortgages on other property	20a.		0.00
		20a. 20b.		
	Real estate taxes		·	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
	Homeowner's association or condominium dues	20e.	\$	0.00
Othe	r: Specify: Contingencies	21.	+\$	200.00
Veh	icle Payment (est. redemption)		+\$	500.00
Dan	ce for Debtor's Daughter		+\$	60.00
	ulate your monthly expenses		<b>C</b>	F =00 00
	Add lines 4 through 21.		\$	5,588.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	5,588.00
Cala	ulate your monthly not income			
	ulate your monthly net income.	220	¢	E E00 00
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	5,593.00
∠3D.	Copy your monthly expenses from line 22c above.	23b.	<b>-</b> Ф	5,588.00
220	Cubtract your monthly ovnonces from your monthly income			
∠3C.	Subtract your monthly expenses from your monthly income.	23c.	\$	5.00
For e	The result is your monthly net income.  ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect your location to the terms of your mortgage?	u file this	s form?	
□ Y	es. Explain here: Clothing expense in line 9 includes uniforms	£ ! - ! •	Laula alal-1	

# Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 33 of 61

Fill in this infor	mation to identify your	case:			
Debtor 1	Warren Anthony				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF	F VIRGINIA		
Case number					
(if known)					Check if this is an amended filing
Official For					
Declarat	tion About a	an Individual	Debtor's Sc	hedules	12/15
Sig	ın Below				
Did you pa	ay or agree to pay some	one who is NOT an attorn	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes.	Name of person				Petition Preparer's Notice, Inature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the summ	nary and schedules filed	l with this declaration and	
X /s/ Wa	rren Anthony Neal, J	r.	X		
	n Anthony Neal, Jr.	11	Signature of I	Debtor 2	
	re of Debtor 1		5.g		
Date	November 8, 2019		Date		

# Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 34 of 61

Fill in th	is information to identify you	r case:		
Debtor 1				
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if,		Middle Name	Last Name	
United S	states Bankruptcy Court for the:	EASTERN DISTRICT OF VIRO	GINIA	
Case nu	mber			
(if known)				Check if this is an amended filing
Officia	al Farm 107			
	al Form 107 ment of Financial	Affairs for Individua	Is Filing for Bankruptcy	<b>√</b> 4/1
Be as co informati	mplete and accurate as poss ion. If more space is needed (if known). Answer every que	ible. If two married people are fili , attach a separate sheet to this f	ing together, both are equally responsorm. On the top of any additional pag	sible for supplying correct
	at is your current marital state		u belole	
<b>■</b>	Married Not married			
2. Duri	ing the last 3 years, have you	lived anywhere other than where	e you live now?	
_		,	•	
	No Yes List all of the places you	lived in the last 3 years. Do not incl	ude where you live now	
Del	btor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
_	2 Camino De La Reina n Diego, CA 92108	From-To: January 2017 to October 2018	☐ Same as Debtor 1	☐ Same as Debtor 1 From-To:
Cir	564m Pointe Mountain Top cle t 29	From-To: September 2015 to January 2017	☐ Same as Debtor 1	☐ Same as Debtor 1 From-To:
Sp	ring Valley, CA 91978	•		
			uivalent in a community property stat New Mexico, Puerto Rico, Texas, Wash	
	No			
	Yes. Make sure you fill out Sc	hedule H: Your Codebtors (Official	Form 106H).	
Part 2	Explain the Sources of You	ır Income		
Fill i	n the total amount of income yo	ou received from all jobs and all bus	usiness during this year or the two properties, including part-time activities. either, list it only once under Debtor 1.	revious calendar years?
	No			
	Yes. Fill in the details.			
		Debtor 1	Debtor 2	

Official Form 107

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Page 35 of 61
Case number (if known) Document

Debtor 1 Warren Anthony Neal, Jr.

			Debtor 1			ı	Debtor 2		
			Sources of inco		Gross income (before deductions and exclusions)		Sources of inco		Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:		■ Wages, common was well was worked with the wages, tips	nissions,	\$0.00		☐ Wages, commonuses, tips	nissions,	
			☐ Operating a b	usiness		I	Operating a b	ousiness	
For last cale (January 1 to		31, 2018 )	■ Wages, common bonuses, tips	nissions,	\$31,072.00		☐ Wages, comr bonuses, tips	nissions,	
			Operating a b	usiness			Operating a b	ousiness	
For the caler (January 1 to			■ Wages, common bonuses, tips	nissions,	\$86,953.00		☐ Wages, commonutes with the ways with the wages, tips	nissions,	
			☐ Operating a b	usiness		I	Operating a b	ousiness	
List each	,	the gross inco	,	,	u received together, list ly. Do not include incom	ĺ			
			Debtor 1				Debtor 2		
			Sources of inco Describe below.	me	Gross income from each source (before deductions and exclusions)	;	Sources of inco Describe below.	ome	Gross income (before deductions and exclusions)
Part 3: Lis	st Certain Pa	yments You	Made Before You	Filed for Ba	ankruptcy				
6. Are eithe □ No.	Neither De individual	ebtor 1 nor D primarily for a	personal, family, or re you filed for bar	arily consun or household	ner debts. Consumer de				1(8) as "incurred by an
	☐ Yes	List below e paid that cr not include	each creditor to wheditor. Do not inclupayments to an at	de payments torney for this	a total of \$6,825* or more for domestic support of s bankruptcy case. after that for cases filed	oligati	ons, such as chi	ld support a	nd alimony. Also, do
■ Yes			r both have prima re you filed for bar		ner debts. you pay any creditor a to	otal of	\$600 or more?		
	□ No.	Go to line 7							
	■ Yes	include pay		support obl	a total of \$600 or more a gations, such as child s				
Credito	r's Name an	d Address	Dates	of paymen	Total amount	4	Amount you still owe	Was this p	ayment for
					pula		J J.1. J		

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Page 36 of 61
Case number (if known) Document

Debtor 1 Warren Anthony Neal, Jr.

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	syment for	
	Navy Federal Credit Union P.O. Box 3700 Merrifield, VA 22119-3100	August 2019	\$1,005.00	\$48,105.00	☐ Mortgage ■ Car ☐ Credit Ca ☐ Loan Re ☐ Suppliers ☐ Other	ard	
	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen a control, or owner of 20% of	neral partners; partners or more of their voting	erships of which y g securities; and	you are a genera any managing a	al partner; corporations agent, including one for	
	No						
	☐ Yes. List all payments to an insider.  Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment	
	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  No Yes. List all payments to an insider Insider's Name and Address		Total amount	Amount you	Reason for	this payment	
			paid	still owe	Include cred	litor's name	
Par	Identify Legal Actions, Repossession	ns, and Foreclosures					
	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.						
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, f	oreclosed, garn	ished, attached	d, seized, or levied?	
	Creditor Name and Address	Describe the Property		Dat	е	Value of the	
		Explain what happene	d			property	
	Army & Air Force Exchange 3911 S. Walton Walker Blvd Dallas, TX 75236	Debtor's LES was garnished by AAFES  ☐ Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized or levied.			March 2019 through September 2019		
		☐ Property was attache	ed, seized or levied.				

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Page 37 of 61 Case number (if known) Document Debtor 1 Warren Anthony Neal, Jr. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☐ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Mount Lebanon **Monthly Tithing** Past 24 \$1,200.00 884 Bells Mill Road months Chesapeake, VA 23322 Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Date of your Describe the property you lost and Describe any insurance coverage for the loss Value of property how the loss occurred lost loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Fmail or website address** made Person Who Made the Payment, if Not You

filing fee.

\$1550.00 attorney fees and \$335.00

The Merna Law Group, P.C.

Virginia Beach, VA 23452

3419 Virginia Beach Blvd., #236

\$1,885.00

September &

October 2019

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Page 38 of 61
Case number (if known) Document

Debtor 1 Warren Anthony Neal, Jr.

	Address transferred or transfer was made  Person Who Made the Payment, if Not You  transferred or transfer was made		Date payment or transfer was made	Amount of payment		
	Urgent Credit Counseling	\$20.00 for credi	t counseling		September 2019	\$20.00
17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list  No Yes. Fill in the details.	or to make payments			r transfer any proper	ty to anyone who
	Person Who Was Paid Address	Description and v transferred	alue of any prop	perty	Date payment or transfer was made	Amount of payment
<ul> <li>Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than transferred in the ordinary course of your business or financial affairs?</li> <li>Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your proper include gifts and transfers that you have already listed on this statement.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>						
	Person Who Received Transfer Address Person's relationship to you	Description and v property transferr		Describe any property or payments received or debts paid in exchange		Date transfer was made
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No Yes. Fill in the details.		y property to a s	self-settled tru	ıst or similar device o	of which you are a
	Name of trust	Description and v	alue of the prop	erty transferr	ed	Date Transfer was made
Par	List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Sto	rage Units		
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No Yes. Fill in the details.	other financial accour	nts; certificates	of deposit; sh		
		ast 4 digits of ccount number	Type of account instrument	clo	te account was sed, sold, oved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables?  No	r before you filed for	bankruptcy, an	y safe deposit	t box or other deposit	tory for securities,
	Yes. Fill in the details.					_
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, St		Describe the	contents	Do you still have it?

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Page 39 of 61 Case number (if known) Document Debtor 1 Warren Anthony Neal, Jr. 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Name of Storage Facility Describe the contents Do you still Who else has or had access Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Value **Owner's Name** Where is the property? Describe the property (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Date of notice Name of site Governmental unit Environmental law, if you Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

A member of a limited liability company (LLC) or limited liability partnership (LLP)

Official Form 107

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Debtor 1 Warren Anthony Neal, Jr. Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 40 of 61 Case number (if known)

	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting	g or equity securities of a corporation						
	No. None of the above applies. Go to F	Part 12.						
	Yes. Check all that apply above and fill	in the details below for each business.						
Ad	siness Name Idress mber, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed					
	hin 2 years before you filed for bankrupt titutions, creditors, or other parties.	cy, did you give a financial statement to an	yone about your business? Include all financial					
	No Yes. Fill in the details below.							
Ad	me  dress mber, Street, City, State and ZIP Code)	Date Issued						

28.

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document

Page 41 of 61
Case number (if known) Debtor 1 Warren Anthony Neal, Jr.

Part 12: Sign Below			
are true and correct. I ui	nderstand that makir can result in fines up		I I declare under penalty of perjury that the answers robtaining money or property by fraud in connection years, or both.
/s/ Warren Anthony I	Neal, Jr.		
Warren Anthony Nea Signature of Debtor 1	l, Jr.	Signature of Debtor 2	
Date November 8, 2	2019	Date	
_ *	al pages to Your Stat	ement of Financial Affairs for Individuals Fil	ling for Bankruptcy (Official Form 107)?
No			
☐ Yes			
Did you pay or agree to	pay someone who is	not an attorney to help you fill out bankrup	tcy forms?
No			
☐ Yes. Name of Person	. Attach the Ba	nkruptcv Petition Preparer's Notice. Declaration	n. and Signature (Official Form 119).

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 42 of 61

Fill in this informat	ion to identify your o	ase:					
_	Warren Anthony N	•					
Debtor 2	First Name	Middle Name	Li	ast Name			
(Spouse if, filing)	First Name	Middle Name	La	ast Name			
United States Bankr	uptcy Court for the:	EASTERN DISTR	RICT OF VIRGINI	A			
Case number							
(if known)						☐ Check if amended	
							· ······9
Official Form	n 108						
_		n for Indiv	iduals F	iling Under	Chapter	· 7	12/15
<u> </u>	Or mitoritio	1 TOT III GIV	iddaio i	ming Gridor	Chaptor	•	12/13
	ual filing under chap		I out this form in	t:			
_	aims secured by you personal property ar		ot expired				
You must file this fo	orm with the court wi	thin 30 days after	you file your ba	nkruptcy petition or e. You must also send			
If two married people		in a joint case, bo	th are equally re	esponsible for supply	ying correct info	ormation. Both de	btors must
	accurate as possibl		s needed, attach	a separate sheet to	this form. On th	e top of any addi	tional pages,
		, ,					
	Creditors Who Have						
1. For any creditors information below	•	rt 1 of Schedule D	: Creditors Who	Have Claims Secure	ed by Property (	Official Form 106	D), fill in the
Identify the credit	or and the property th	at is collateral	What do you secures a de	intend to do with the bt?	property that		n the property n Schedule C?
Creditor's Nav	y Federal Credit U	nion *	☐ Surrender	the property.		□ No	
name:				property and redeem		<b>-</b> v	
Description of 2	2016 BMW 535d 56	,000 miles		property and enter into tion Agreement.	а	■ Yes	
property			☐ Retain the	property and [explain]:			
securing debt:							
	Unexpired Personal						- 4000\ 000
in the information b	elow. Do not list real	estate leases. Un	expired leases	Executory Contracts are leases that are st s not assume it. 11 U.	ill in effect; the l	lease period has	not yet ended.
Describe your unex	xpired personal prop	erty leases			V	Will the lease be a	issumed?
Lessor's name:	Maple Bay Tow	nhomes			[	□ No	
					ı	Yes	
Baradada (1							
Description of leased Property:	The debtor has	a 20 month leas	se.				

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

# Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 43 of 61

Debtor 1	Warren Anthony Neal, Jr.	Case number (if known)
	•	
Part 3:	Sign Below	
	enalty of perjury, I declare that I have indicate that is subject to an unexpired lease.	d my intention about any property of my estate that secures a debt and any personal
	•	
X /s/	Warren Anthony Neal, Jr.	X
	Warren Anthony Neal, Jr. Irren Anthony Neal, Jr.	XSignature of Debtor 2
Wa		

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 44 of 61

Fill in th	nis information to identify your case:					irected in this form and	d in Form
Debtor	1 Warren Anthony Neal, Jr.		12	2A-1Sı	nbb:		
Debtor (Spouse,				□ 1. T	here is no pres	umption of abuse	
United	States Bankruptcy Court for the:	Virginia		;	applies will be m	o determine if a presumade under <i>Chapter 7</i>	
Case n (if known)				□ з. т	he Means Test	icial Form 122A-2).  does not apply now be service but it could ap	
Offic	ial Form 122A - 1			□ Ch	eck if this is a	n amended filing	
	pter 7 Statement of Your Cui	rent Mor	nthly Inc	om	е		10/19
attach a case nui qualifyin	emplete and accurate as possible. If two married people separate sheet to this form. Include the line number to with the line number of Exemple is statement of Exemple number of Exemple	vhich the additior m a presumption	nal information a of abuse becau	applies se you	On the top of ar	ny additional pages, wri narily consumer debts o	te your name and or because of
Part 1:	,						
	hat is your marital and filing status? Check one or	ıly.					
	Not married. Fill out Column A, lines 2-11.						
	Married and your spouse is filing with you. Fill o	ıt both Columns	A and B, lines	2-11.			
	Married and your spouse is NOT filing with you.	You and your s	spouse are:				
	$\hfill\square$ Living in the same household and are not lega	ally separated.	Fill out both Co	lumns	A and B, lines 2	2-11.	
	■ Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading	egally separated	d under nonbar	krupto	y law that applie	es or that you and you	
101(1 the 6	n the average monthly income that you received from all 10A). For example, if you are filing on September 15, the 6-m months, add the income for all 6 months and divide the total ses own the same rental property, put the income from that p	nonth period would by 6. Fill in the res	be March 1 throsult. Do not include	ugh Auq de any i	gust 31. If the amo	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
				Colur Debte		Column B Debtor 2 or non-filing spouse	
	our gross wages, salary, tips, bonuses, overtime, ayroll deductions).	and commission	ons (before all	\$	6,506.00	\$	
	<b>limony and maintenance payments.</b> Do not include blumn B is filled in.	payments from	a spouse if	\$	0.00	\$	
<b>of</b> fro ar	Il amounts from any source which are regularly positive or your dependents, including child support om an unmarried partner, members of your household roommates. Include regular contributions from a spled in. Do not include payments you listed on line 3.	Include regular d, your depender	contributions nts, parents,	\$	0.00	\$	
	et income from operating a business, profession,	or farm					
			otor 1				
G	ross receipts (before all deductions)	\$0.00					
0	rdinary and necessary operating expenses	-\$ 0.00					
Ne	et monthly income from a business, profession, or far	m \$ <b>0.00</b>	Copy here ->	\$	0.00	\$	
6. <b>N</b>	et income from rental and other real property	_					
			otor 1				
G	ross receipts (before all deductions)	\$ 0.00					
İ	rdinary and necessary operating expenses	-\$ 0.00		•	2.22	•	
Ne	et monthly income from rental or other real property	\$	Copy here ->	\$	0.00	\$	
7. <b>In</b>	terest, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 45 of 61

	Docun	nent Page	45 c	of 61				
btor 1 Warren Anthony Neal, Jr.				Case number	er (if known)			
				Column A Debtor 1		Columi Debtor non-fil		
3. Unemployment compensation				\$	0.00	\$		
Do not enter the amount if you contend the Social Security Act. Instead, list it he		eived was a benefit	under					
For you	\$	0.00	)					
For your spouse	\$		_					
Pension or retirement income. Do not benefit under the Social Security Act. Als not include any compensation, pension, United States Government in connection disability, or death of a member of the ur pay paid under chapter 61 of title 10, the does not exceed the amount of retired pair retired under any provision of title 10 of 10. Income from all other sources not list. Do not include any benefits received under received as a victim of a war crime, a crid domestic terrorism; or compensation, pe United States Government in connection.	so, except as stated pay, annuity, or allowith a disability, conformed services. In include that pay on any to which you work ther than chapter 6 above. Specify let the Social Secume against humaninsion, pay, annuity with a disability, co	d in the next sentence owance paid by the ombat-related injury f you received any ronly to the extent the uld otherwise be ent 1 of that title. the source and amority Act; payments tty, or international of, or allowance paid tombat-related injury	or etired at it itled bunt.	\$	0.00	\$		
disability, or death of a member of the ur sources on a separate page and put the	iformed services. I							
	total bolow.			\$	0.00	\$		
			_	\$	0.00	\$		
Total amounts from separate pa	iges, if any.		+	\$	0.00	\$		
<ol> <li>Calculate your total current monthly in each column. Then add the total for Column.</li> </ol>			\$	6,506.00	+ \$			6,506.00
art 2: Determine Whether the Means	Test Applies to Yo	ou					incon	ne
2. Calculate your current monthly incom	e for the year. Follow	low these steps:						
12a. Copy your total current monthly inco	ome from line 11			Cor	y line 11 l	nere=>	\$	6,506.00
Multiply by 12 (the number of month	ns in a year)						X	12
12b. The result is your annual income fo	r this part of the for	m					12b. \$	78,072.00
3. Calculate the median family income th	nat applies to you.	Follow these steps:	•					
Fill in the state in which you live.		VA						
Fill in the number of people in your house	ehold.	2						
Fill in the median family income for your	state and size of ho	ousehold.					13. \$	77,999.00
To find a list of applicable median income for this form. This list may also be availal			cified	in the separ	ate instruc	tions		
How do the lines compare?								

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* 

14a.  $\square$  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.

Go to Part 3 and fill out Form 122A-2.

# Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 46 of 61

Debtor 1	٧	Varren Anthony Neal, Jr.	Case number (if known)	
Part 3:		Sign Below		
	В	y signing here, I declare under penalty of perjury that the info	rmation on this statement and in any attac	chments is true and correct.
	X	/s/ Warren Anthony Neal, Jr.		
		Warren Anthony Neal, Jr. Signature of Debtor 1		
D	ate	November 8, 2019 MM / DD / YYYY		
	lf	you checked line 14a, do NOT fill out or file Form 122A-2.		
	If	you checked line 14h fill out Form 1224-2 and file it with this	s form	

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 47 of 61

Fill	I in this information to identify your case:		Ch	ack the appropriate	hov oo	directed in
	and the short decision to tack many year cases.			eck the appropriate es 40 or 42:	DUX as	ullecteu III
De	btor 1 Warren Anthony Neal, Jr.			According to the calcula	ations ro	auired by this
	btor 2 bouse, if filing)			Statement:	3110115 16	quired by triis
` '	ited States Bankruptcy Court for the: Eastern District of Virginia		ı	1. There is no presu	mption c	of abuse.
			I	☐ 2. There is a presun	nption of	abuse.
	se number known)					
_				Check if this is an an	nended	filing
	ficial Form 122A - 2					
Cł	napter 7 Means Test Calculation					04/1
To 1	fill out this form, you will need your completed copy of <i>Chapter 7 Stat</i>	tement of Your C	urrent Mo	nthly Income (Officia	l Form 1	22A-1).
spa add	as complete and accurate as possible. If two married people are filing ce is needed, attach a separate sheet to this form, Include the line nulitional pages, write your name and case number (if known).  Tt 1: Determine Your Adjusted Income					
1.	Copy your total current monthly income. Copy line	11 from Official F	Form 122 <i>F</i>	\-1 here=> \$		6,506.00
2.	Did you fill out Column B in Part 1 of Form 122A-1?					
	No. Fill in \$0 for the total on line 3.					
	☐ Yes. Is your spouse Filing with you?					
	□ No. Go to line 3.					
	☐ Yes. Fill in \$0 for the total on line 3.					
3.	Adjust your current monthly income by subtracting any part of you		ne not use	ed to pay for the		
	household expenses of you or your dependents. Follow these steps:	:				
	On line 11, Column B of Form 122A–1, was any amount of the income yexpenses of you or your dependents?	ou reported for yo	ur spouse	NOT regularly used fo	r the hou	usehold
	■ No. Fill in 0 for the total on line 3.					
	☐ Yes. Fill in the information below:					
	State each purpose for which the income was used	Fill in th	ne amount	VOL		
	For example, the income is used to pay your spouse's tax debt or support other than you or your dependents.	are sub	tracting fr	om		
		\$				
		\$				
		\$				
	Total.	\$	0.00			
				Copy total here=>	- \$	0.00
1	Adjust your current monthly income. Subtract line 3 from line 1				\$	6,506.00

Official Form 122A-2

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main

	Docur	nent Page	e 48 of 61	710 10.10.10	coo man
Debtor 1	Warren Anthony Neal, Jr.		Case number	(if known)	
Part 2:	Calculate Your Deductions from Your Income				
to an	nternal Revenue Service (IRS) issues National and L swer the questions in lines 6-15. To find the IRS star uctions for this form. This information may also be a	ndards, go online	using the link speci	fied in the separate	ounts
your	oct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Done in line 3 and do not deduct any operating expenses the	o not deduct any ar	nounts that you subt	racted fro your spouse's	
If you	r expenses differ from month to month, enter the averag	e expense.			
Wher	never this part of the from refers to you, it means both yo	u and your spouse	if Column B of Form	122A-1 is filled in.	
5.	The number of people used in determining your ded	uctions from inco	me		
	Fill in the number of people who could be claimed as execute plus the number of any additional dependents whom you the number of people in your household.				
Natio	onal Standards You must use the IRS National	Standards to answ	er the questions in li	nes 6-7.	
7.	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the numb the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the addition	other items.  er of people you en ber of people is spl a higher IRS allowa	tered in line 5 and th it into two categories ince for health care o	# e IRS National Standard: people who are under 6	55 and
Peop	ole who are under 65 years of age				
	7a. Out-of-pocket health care allowance per person	\$ 55.00			
	7b. Number of people who are under 65	X2			
	7c. <b>Subtotal.</b> Multiply line 7a by line 7b.	\$110.00	Copy here=	s> \$ <u>110.00</u>	
Peop	ole who are 65 years of age or older				
	7d. Out-of-pocket health care allowance per person	\$114.00			
	7e. Number of people who are 65 or older	X0			
	7f. <b>Subtotal.</b> Multiply line 7d by line 7e.	\$0.00	Copy here=	-> +\$	
,	7g. T <b>otal.</b> Add line 7c and line 7f		\$ 110.00	Copy total here=>	\$ 110.00

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 49 of 61

Debtor 1 Warren Anthony Neal, Jr.

Case number (if known)

Loc	al Sta	andards You must use the IRS Local Standards to a	answer the qu	estions in lin	es 8-15.				
		n information from the IRS, the U.S. Trustee Progra	am has divide	ed the IRS L	ocal Stand	ard for hous	ing for		
	łousi	ng and utilities - Insurance and operating expense	es						
<b>I</b>	lousi	ng and utilities - Mortgage or rent expenses							
To a	ınsw	er the questions in lines 8-9, use the U.S. Trustee F	Program cha	rt.					
		e chart, go online using the link specified in the separa	_		m				
		t may also be available at the bankruptcy clerk's office		10 101 1110 1011					
8.		sing and utilities - Insurance and operating expense dollar amount listed for your county for insurance an					e 5, fill \$		613.00
9.	Hou	sing and utilities - Mortgage or rent expenses:							
	9a.	Using the number of people you entered in line 5, fill i listed for your county for mortgage or rent expenses				\$	1,448.00		
	9b.	Total average monthly payment for all mortgages and	d other debts	secured by y	our home.				
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.								
		Name of the creditor	Average payment	•					
		-NONE-	\$						
		Total average monthly payment	\$	0.00	Copy here=>	-\$	0.00	Repeat this amount on line 33a.	:
	9c.	Net mortgage or rent expense.							
		Subtract line 9b (total average monthly payment) from or rent expense). If this amount is less than \$0, enter			\$	1,448.00	Copy here=>	· \$	1,448.00
10.		ou claim that the U.S. Trustee Program's division of cts the calculation of your monthly expenses, fill ir				g is incorred	ct and	\$	0.00
	Ex	plain why:							
11.	Loc	al transportation expenses: Check the number of ve	hicles for whi	ch you claim	an ownersh	nip or operation	ng expense		
	□ o	. Go to line 14.							
	<b>1</b>	. Go to line 12.							
	□ 2	or more. Go to line 12.							
12.		icle operation expense: Using the IRS Local Standar rating expenses, fill in the Operating Costs that apply for						\$	210.00

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 50 of 61

Debtor 1	Warren Anthony Neal, Jr.		Case number (if known)	
	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.			
Veh	Describe Vehicle 1: 2016 BMW 535d 56,000	miles		
13a.	Ownership or leasing costs using IRS Local Standard		\$508.00	
	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.			
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at	
	Name of each creditor for Vehicle 1	Average monthly payment		
	Navy Federal Credit Union *	\$ 801.75		
	Total Average Monthly Payment	\$801.75	Copy Repeat this amount on line 33b.	
	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0,	, enter \$0.	\$ 0.00 Copy net Vehicle 1 expense here => \$ 0	0.00
Veh	Describe Vehicle 2:			
13d.	Ownership or leasing costs using IRS Local Standard		\$	
	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for	or	
	Name of each creditor for Vehicle 2	Average monthly payment		
		\$		
	Total Average Monthly Payment	\$	Copy Repeat this amount on line 33c.	
	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0,	, enter \$0		0.00
	<b>Public transportation expense:</b> If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you			.00
	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the ap	ppropriate expense, but you may	0.00

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 51 of 61

Debtor 1 Warren Anthony Neal, Jr. Case number (if known)

17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  a sa a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone serv					
self-employment taxes, social security iaxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.  17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  10. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  10. Childcare: The total monthly amount that is more than the total entered in line 7.  Payments for health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Paymen	Oth	er Necessary Expenses		for	
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  \$ 40	16.	self-employment taxes, soo your pay for these taxes. He	ial security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12		
contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  a sa condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  \$ 650  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the product		Do not include real estate,	sales, or use taxes.	\$	875.00
18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment e	17.	_			
filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  \$ 5,363.0		Do not include amounts that	at are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	40.00
administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  \$ 5,363.0	18.	filing together, include payr insurance on your depende	nents that you make for your spouse's term life insurance. Do not include premiums for life	\$	29.00
20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  \$ 5,363.0	19.				
as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  \$ 5,363.0		Do not include payments or	n past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  \$ 650  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  \$ 5,363.0	20.				
Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.		for your physically or me	entally challenged dependent child if no public education is available for similar services.	\$	0.00
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  \$	21.			\$	650.00
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  +\$ 100	22.	that is required for the heal	th and welfare of you or your dependents and that is not reimbursed by insurance or paid		
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.  +\$		Payments for health insura	nce or health savings accounts should be listed only in line 25.	\$	0.00
expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 100    24. Add all of the expenses allowed under the IRS expense allowances. \$ 5,363.0	23.	for you and your dependent phone service, to the exten	ts, such as pagers, call waiting, caller identification, special long distance, or business cell t necessary for your health and welfare or that of your dependents or for the production of		
24. Add all of the expenses allowed under the Ind expense allowances.				+\$	100.00
	24.	•	llowed under the IRS expense allowances.	\$	5,363.00

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 52 of 61

Debtor 1 Warren Anthony Neal, Jr. Case number (if known)

Add	itional Expense Deductions These are additional ded	ductions allo	owed by the	e Means Test.		
	Note: Do not include any	expense a	allowances	listed in lines 6-24.		
25.	<b>Health insurance, disability insurance, and health savings account expenses.</b> The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.					
	Health insurance	\$	12.00			
	Disability insurance	\$	0.00			
	Health savings account +	\$	0.00			
	Total	\$	12.00	Copy total here=>	\$	12.00
	Do you actually spend this total amount?					
	No. How much do you actually spend?					
	Yes	\$				
26.	Continued contributions to the care of household or facontinue to pay for the reasonable and necessary care and your household or member of your immediate family who i include contributions to an account of a qualified ABLE pro	id support o is unable to	of an elderly o pay for su	y, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00
27.	<b>Protection against family violence.</b> The reasonably necessafety of you and your family under the Family Violence Programmer of the Protection against family violence.					
	By law, the court must keep the nature of these expenses	confidentia	al.		\$	0.00
28.	<b>Additional home energy costs.</b> Your home energy costs line 8.	s are includ	ed in your	insurance and operating expenses on		
	If you believe that you have home energy costs that are m 8, then fill in the excess amount of home energy costs.	nore than th	ne home er	nergy costs included in expenses on line		
	You must give your case trustee documentation of your acamount claimed is reasonable and necessary.	ctual expen	ises, and y	ou must show that the additional	\$	0.00
29.	<b>Education expenses for dependent children who are y</b> \$170.83* per child) that you pay for your dependent children public elementary or secondary school.					
	You must give your case trustee documentation of your acclaimed is reasonable and necessary and not already according to the control of the c					
	* Subject to adjustment on 4/01/22, and every 3 years after	er that for c	ases begui	n on or after the date of adjustment.	\$	170.00
30.	Additional food and clothing expense. The monthly ame higher than the combined food and clothing allowances in than 5% of the food and clothing allowances in the IRS Na	the IRS Na	ational Star			
	To find a chart showing the maximum additional allowance instructions for this form. This chart may also be available					
	You must show that the additional amount claimed is reasonable.	onable and	d necessar	y.	\$	42.00
31.	<b>Continuing charitable contributions.</b> The amount that you instruments to a religious or charitable organization. 26 U.			ntribute in the form of cash or financial	+\$	50.00
32.	Add all of the additional expense deductions. Add lines 25 through 31.				\$	274.00

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 53 of 61

Debtor 1 Warren Anthony Neal, Jr. Case number (if known)

Dodu	ctions for Debt Payment					
	•					
	or debts that are secured by an inter cans, and other secured debt, fill in li	est in property that you own, including home nes 33a through 33e.	e mort	gages, vehicle		
		yment, add all amounts that are contractually o	lue to e	each secured		
Ci	reditor in the 60 months after you file for	bankrupicy. Then divide by 60.			٨	verage monthly
	Mortgages on your home:					ayment
33a.				=	<b>&gt;</b> \$	0.00
	Loans on your first two vehicles:					
33b.	Copy line 13b here			=	<b>&gt;</b> \$	801.75
33c.	Copy line 13e here				<b>&gt;</b> \$	0.00
33d.	List other secured debts:					
Name	of each creditor for other secured debt	Identify property that secures the debt		Does payment include taxes of insurance?		
				□ No		
	-NONE-			□ Yes	\$	
					Ψ.	
				□ No		
				_	\$	
				□ No		
				☐ Yes	+\$	
					-Ψ. 	
					Сору	
33e.	Total average monthly payment. Add I	nes 33a through 33d	\$	801.75	total here=>	\$ 801.75
01	r other property necessary for your s  No. Go to line 35.  Yes. State any amount that you must	secured by your primary residence, a vehicupport or the support of your dependents?			J	
	Next, divide by 60 and fill in the	ssion of your property (called the <i>cure amount</i> ).  information below.				
Nam	e of the creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount
-NO	NE-		\$	-	-60 = \$	
					٦	
		Tota	ıl \$	0.00	Copy total here=>	\$0.0
	o you owe any priority claims such a re past due as of the filing date of yo	s a priority tax, child support, or alimony - tl ur bankruptcy case? 11 U.S.C. § 507.	nat		_	
	No. Go to line 36.					
	Yes. Fill in the total amount of all of ongoing priority claims, such a	these priority claims. Do not include current or s those you listed in line 19.				
	Total amount of all past-due p	riority claims	\$	1,000.00	÷ 60 =	\$16.6

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 54 of 61

Debtor 1	war	ren Anthony Neal, Jr.		Ca	ase n	umber (if known	)			
F	or more	eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for <i>Bankruptcy Bas</i> ns for this form. <i>Bankruptcy Basics</i> may also be availab	s <i>ics</i> spec							
	No.	Go to line 37.								
	_	Fill in the following information.								
		Projected monthly plan payment if you were filing under	er Chapte	er 13	\$					
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for d and North Carolina) or by the Executive Office for Unite (for all other districts).	listricts ir	n Alabama	x		_			
		To find a list of district multipliers that includes your dis the link specified in the separate instructions for this fo be available at the bankruptcy clerk's office.						Copy tot	al	
		Average monthly administrative expense if you were file	ling unde	er Chapter 13		\$		nere=>	\$	
		of the deductions for debt payment. es 33e through 36.							\$	818.42
Tota	l Deduc	tions from Income								
38. <b>/</b>	Add all o	of the allowed deductions.								
		ne 24, All of the expenses allowed under IRS e allowances	\$	5,363.0	0					
	Copy lir	ne 32, All of the additional expense deductions	\$_	274.0	0					
	Copy lir	ne 37, All of the deductions for debt payment	+\$	818.4	2_	$\neg$				
		Total deductions	\$_	6,455.4	2	Copy total	here	=>	\$	6,455.42
Part 3:	Det	termine Whether There is a Presumption of Abuse								
39. <b>C</b>	Calculat	e monthly disposable income for 60 months								
	39a. Co	py line 4, adjusted current monthly income	\$	6,506.0	0					
	39b. Co	py line 38, Total deductions	- \$	6,455.4	2					
		onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	50.5	8	Copy here=>\$		5	0.58	
	For the	next 60 months (5 years)					x 60			
	39d. <b>To</b>	tal. Multiply line 39c by 60	3	39d. \$	;	3,034.80	Copy here=>	\$		3,034.80
40. <b>F</b>	ind out	whether there is a presumption of abuse. Check the	box tha	t applies:						
ı	■ The I	ine 39d is less than \$8,175*. On the top of page 1 of the	nis form,	check box 1, Th	here	e is no presu	mption c	of abuse	. Go to F	Part 5.
[		ine 39d is more than \$13,650*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	f this forr	m, check box 2,	The	ere is a pres	umption	of abus	e. You n	nay fill out
	☐ The I	ine 39d is at least \$8,175*, but not more than \$13,650	<b>0*.</b> Go to	line 41.						
*	Subject	to adjustment on 4/01/22, and every 3 years after that for	or cases	filed on or after	the	date of adju	stment.			

## Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 55 of 61

Debtor 1	War	ren Anthony Neal, Jr.	Case	number (i	if knowr	7)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled of A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.		\$	.2	25		
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)	, , ,	\$			Copy here=>	\$
		Multiply line 41a by 0.25						
25	% of y	ne whether the income you have left over after subtracting all allowed de our unsecured, nonpriority debt. e box that applies:	educt	ions is	enou	ugh to p	oay	
		<b>39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, <i>Th</i> Part 5.	ere is	no pre	esump	otion of a	abuse.	
		<b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form, chamption of abuse. You may fill out Part 4 if you claim special circumstances. T				's a		
Part 4:	Giv	re Details About Special Circumstances						
13. Do y reas	ou hav	we any special circumstances that justify additional expenses or adjustmental ealternative? 11 U.S.C. $\S$ 707(b)(2)(B).	nents	of cur	rent r	nonthly	income f	or which there is no
<b>□</b> 1	No. Go	o to Part 5.						
<b>=</b> Y		I in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25.	expen	se or in	ncome	e adjustr	nent for ea	ach
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.						
	G	tive a detailed explanation of the special circumstances		rage m		y exper	ise	
	C	Contest divorced in California (est.)	\$			250	0.00	
	_		\$					
	_		\$ .					
			\$					

Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 56 of 61

Debtor 1	Warren Anthony Neal, Jr.	Case number (if known)	
Part 5:	Sign Below		
	By signing here, I declare under penalty of perjury that the infe	ormation on this statement and in any attac	chments is true and correct.
	X /s/ Warren Anthony Neal, Jr.		
	Warren Anthony Neal, Jr.		
	Signature of Debtor 1		
Da	ate November 8, 2019		
	MM / DD / YYYY		

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	_
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

### Case 19-74179-SCS Doc 1 Filed 11/08/19 Entered 11/08/19 15:19:19 Desc Main Document Page 58 of 61

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. PO Box 650410 Dallas, TX 75265

Army/Air Case 12:17411279-SCS Doc 1Natiled 11:408/1915:19:19 Desc Main CROCLINE INTO AWS PRAGRE 61 of 61 PO Box 3300 Merrifield, VA 22119

Attorney General Tax Division, USDOJ PO Box 227 Washington, DC 20044 U.S. Attorney World Trade Center, Ste 8000 101 West Main Street Norfolk, VA 23510

Attorney General Office □ □ \* U.S. Department of Justice□□ 950 Pennsylvania Ave. N.W Washington, DC 20503

DSNB/Macys PO Box 8218 Mason, OH 45040

Internal Revenue Service 400 North Eighth Street Box 76 M/S Room 898 Richmond, VA 23219

IRS Centralized Insolvency \* PO Box 7346 Philadelphia, PA 19101

Kohls Department Store P.O. Box 3115 Milwaukee, WI 53201

Michael Steiner 402 W Broadway Ste 2500 San Diego, CA 92101

Navy Federal Credit Union P.O. Box 3700 Merrifield, VA 22119-3100

Navy Federal Credit Union PO Box 3700 Merrifield, VA 22119